

Form F	KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM Permit Application		 Division of Water		
NAME OF FACILITY:			AGENCY USE ONLY		
PERMIT NO.:			COUNTY:		
I. OUTFALL LOCATION					
<input type="checkbox"/> For each outfall, list the latitude and longitude of its location to five decimal points. Name the water receiving the discharge.					
OUTFALL NUMBER	LATITUDE in Decimal Degrees	LONGITUDE in Decimal Degrees	RECEIVING WATER (name)		
II. IMPROVEMENTS					
Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions					
<input type="checkbox"/> Yes. Complete the following table.					
<input type="checkbox"/> No. Go to Section III..					
IDENTIFICATION OF CONDITIONS, AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

III. SITE DRAINAGE MAP

Attach a topographic site map showing the facility and identifying each of the following features:

- i. All intake and discharge structures.
- ii. Drainage area of each stormwater outfall, including the paved areas and buildings within the drainage areas.
- iii. Current and past outdoor materials storage areas, and materials loading and access areas.
- iv. Current and past materials disposal areas, and hazardous waste TSD units and accumulation areas.
- v. Structural control measures used to reduce pollutants in stormwater runoff.
- vi. Areas where pesticides, herbicides, fertilizers, and soil conditioners are applied.
- vii. Underground injection wells, springs, and other surface water bodies.

IV. DESCRIPTION OF POLLUTANT SOURCES IN STORMWATER DISCHARGES

- A. For each outfall, provide an estimate of the area of impervious surfaces that drains to the outfall. Include paved areas and building roofs.
- B. For each outfall, provide an estimate of the total area that drains to the outfall.
- C. For each outfall, list the treatment method for the stormwater (see Table F-1).

OUTFALL NUMBER	IMPERVIOUS SURFACE AREA (include units)	TOTAL AREA DRAINED (include units)	DESCRIPTION OF TREATMENT

- D. Provide a description of materials management practices. The description should include materials that are currently, or in the past three years have been, treated, stored, or disposed in a manner that allows exposure to stormwater. Describe the methods used to treat, store, or dispose of these materials; and current and past management practices used to minimize contact of these materials with stormwater. Describe the structural and nonstructural control measures, maintenance schedule, and disposal of wastes other than by discharge. Provide information about the materials loading and access areas. Also include a description of the location, manner, and frequency of the application of pesticides, herbicides, soil conditioners, and fertilizers.

V. SIGNIFICANT LEAKS OR SPILLS	
Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years. Include the approximate date and location of the spill or leak, and the type and amount of material released.	
VI. DISCHARGE AND EFFLUENT INFORMATION	
A.	
B	Tables A, B, C, and D of this section are included on separate sheets numbered 5-8.
	See instructions before proceeding.
C	Complete one set of tables for each outfall.
	Place the outfall number in the space provided on each table.
D.	
E.	Is any toxic pollutant listed in the instructions on Table F-2, F-3, or F-4 a substance, or a component of a substance, which you currently use or manufacture as an intermediate or final product or byproduct?
	<input type="checkbox"/> Yes. List all such pollutants in the space provided below.
	<input type="checkbox"/> No. Go to Section VII.
VII. BIOLOGICAL TOXICITY TESTING DATA	
Do you have any knowledge of or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?	
<input type="checkbox"/> Yes. Identify the test(s) and describe their purposes below.	
<input type="checkbox"/> No. Go to Section VIII.	
VIII. NON-STORMWATER DISCHARGES EVALUATION AND CERTIFICATION	
A.	Provide a description of the method used to test or evaluate for the presence of NON-STORMWATER discharges. Include the type and date of any testing, and the onsite drainage points that were directly observed during a test or evaluation.
B. Certification of non-stormwater evaluation. This is required in addition to Section IX. CERTIFICATION.	
I certify under penalty of law that the outfalls covered by this application have been tested or evaluated for the presence of non-stormwater discharges; and that all non-stormwater discharges from these outfalls are identified in either an accompanying Form C or Form SC application for the outfall.	
PRINTED NAME AND TITLE:	
SIGNATURE:	DATE:
TELEPHONE NO.	EMAIL:

IX. CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

PRINTED NAME AND TITLE:

SIGNATURE:

DATE:

TELEPHONE NO.

EMAIL:

Return completed application form and attachments to:

Division of Water

Surface Water Permits Branch

300 Sower Boulevard, 3rd Floor

Frankfort, KY 40601

Direct questions to: Surface Water Permits Branch at (502) 564-3410.

VI. DISCHARGE AND EFFLUENT INFORMATION (Continued from page 3)

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY OF TABLE A.

PART VI-A

- Complete one set of tables for each outfall. Place the outfall number in the space provided on each table.
- You must provide the results of at least one analysis for every pollutant in this table.
- See instructions before proceeding.

Table A		OUTFALL NO. _____				
POLLUTANT	MAXIMUM VALUE include units		AVERAGE VALUE include units		NO. OF STORM EVENTS SAMPLED	SOURCES OF POLLUTANTS
	Grab Sample	Flow-Weighted Composite Sample	Grab Sample	Flow-Weighted Composite Sample		
1. Oil and Grease		N/A		N/A		
2. Biochemical Oxygen Demand (BOD) ₅						
3. Chemical Oxygen Demand (COD)						
4. Total Suspended Solids (TSS)						
5. Total Kjeldahl Nitrogen						
6. Nitrate plus Nitrite Nitrogen						
7. Total Phosphorus						
8. pH	Minimum	N/A	Minimum	N/A		
	Maximum		Maximum			

VI. DISCHARGE AND EFFLUENT INFORMATION (Continued from page 3)

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY OF TABLE B.

PART VI-B

- List each pollutant that is limited in an effluent guideline which the facility is subject to, or any pollutant listed in the KPDES permit for its process wastewater if the facility is operating under an existing KPDES permit.
- Complete one table for each outfall.
- See the instructions for additional details and requirements.

Table B**OUTFALL NO. _____**

POLLUTANT and CAS NUMBER	MAXIMUM VALUE include units		AVERAGE VALUE include units		NO. OF STORM EVENTS SAMPLED	SOURCES OF POLLUTANTS
	Grab Sample	Flow-Weighted Composite Sample	Grab Sample	Flow-Weighted Composite Sample		
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

VI. DISCHARGE AND EFFLUENT INFORMATION (Continued from page 3)

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY OF TABLE C.

PART VI-C

- List each pollutant listed in the instructions on Tables F-2, F-3, and F-4 that you now have present or believe to be present.
- Complete one table for each outfall.
- See the instructions for additional details and requirements.

Table C	OUTFALL NO. _____					
POLLUTANT and CAS NUMBER	MAXIMUM VALUE include units		AVERAGE VALUE include units		NO. OF STORM EVENTS SAMPLED	SOURCES OF POLLUTANTS
	Grab Sample	Flow-Weighted Composite Sample	Grab Sample	Flow-Weighted Composite Sample		
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

VI. DISCHARGE AND EFFLUENT INFORMATION (Continued from page 3)

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY OF TABLE D.

PART VI-D

- Provide data for the storm events which resulted in the maximum values for the flow-weighted composite sample.
- Complete one table for each outfall.
- See the instructions for additional details and requirements.

Table D

OUTFALL NO. _____

DATE OF STORM EVENT	DURATION OF STORM EVENT (in minutes)	TOTAL RAINFALL DURING STORM EVENT (in inches)	TIME BETWEEN BEGINNING OF STORM MEASURED AND PREVIOUSLY MEASURED STORM EVENT (in hours or include units)	MAXIMUM FLOW RATE DURING STORM EVENT (in gal/min or include units)	TOTAL FLOW FROM STORM EVENT (in gallons or include units)	DESCRIBE METHOD OF FLOW MEASUREMENT OR ESTIMATE